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2005 ICD-9 Update: Experts Show You How to Put the 2005 ICD-9 Codes to Work

In a nutshell: Master the new decubitus ulcer and revised diabetes codes

Reporting decubitus ulcers and diabetes just got more complicated in one way -- and simpler in another.

The 2005 ICD-9 codes have come out, and they contain new location-specific codes for decubitus ulcers.

The regions identified by the new ICD-9 codes cover elbow (707.01), upper back (707.02), lower back (707.03), hip (707.04), buttock (707.05), ankle (707.06) and heel (707.07). Also included: unspecified site (707.00) and other site (707.09).

These new ICD-9 codes will be tremendously helpful when you code decubitus ulcers and bedsores. Bedsores come from a patient lying too long in one position on his back without being turned, says **Marcella Bucknam,** HIM Coordinator with Clarkson College in Omaha, Neb. And wheelchair-bound patients often get hip ulcers when they rub against part of the wheelchair and can't feel the abrasion because of nerve damage. Patients with peripheral vascular disease end up with sores that won't heal that become decubitus ulcers. Poor circulation impedes healing, "especially if you add to it a condition like diabetes," Bucknam says. "These other ICD-9 coders will let us specify" where the ulcer was, Bucknam says, and give the carrier a clearer picture of the patient's condition.

Tip: You should never use the code for an "unspecified site" (707.00) when you are doing an admission assessment, because you will always know where the decubitus ulcer is, says **Lynda Dilts-Benson, RN, CCM, CRRN, CRNAC, LHRM, HCS-D,** with Reingruber & Company in St. Petersburg, Fla. Code 707.00 belongs on some other part of the continuum -- not on an assessment document, she adds.

Revisit Diabetes Codes, Identify New 5th-Digit Definitions

Typically, the patient record will include insulin and non-insulin designations that the clinician includes to determine whether a patient has type I or type II diabetes. The coder then assigns a fifth digit to the appropriate 250.xx (Diabetes mellitus) code to indicate the patient's diabetes type.

The problem with the current system is that physicians often assign a type I diabetes diagnosis to any patient who takes insulin, even though many type II patients use insulin also, says **Deborah Arneson, CPC,** coding supervisor at Kernodle Clinic in Burlington, N.C. That's why the code descriptors'deleted insulin designations are a good change that should alleviate a lot of confusion among clinicians and coders, she says.

Remember: Type I diabetes is relatively rare compared to type II. "Statistics demonstrate that only 5 to 10 percent of all diabetics have type I diabetes," which is an autoimmune disorder, says **Alison Nicklas, BS, RHIT, CCS,** director of education and training for Precyse Solutions in King of Prussia, Pa. The tendency of coders and clinicians to inaccurately over-report type I diabetes diagnoses based on insulin-dependence is therefore wrong both for an individual patient and for the overall diabetic population.

Define Diabetes Based on Beta-Cell Function

Starting Oct. 1, how well the patient's pancreatic beta cells function will distinguish between the diabetes codes' fifth digits, says **Beth Fisher,** medical systems specialist with the National Center for Health Statistics (NCHS) in Hyattsville, Md. The NCHS and the Centers for Medicare & Medicaid Services oversee all ICD-9 changes.

Here's what to look for in the medical record:

1. Type I -- Assign 250.x1 or 250.x3 when the patient's pancreatic beta cells no longer produce insulin. Patients with type I diabetes must use insulin.
2. Type II -- Use 250.x0 or 250.x2 when the patient's pancreatic beta cells do not function properly and have insulin resistance. Type II patients may use insulin, depending on the severity of their conditions.

Bottom line: No physician will be able to tell you whether a patient's beta cells are functioning properly, Dilts-Benson says. Instead, what this change means is that you have two questions to ask a physician when choosing a diabetes code: 1. Controlled or uncontrolled? 2. type I or type II?

Be careful: The physician must specifically state "uncontrolled" for you to choose a fifth digit of "2" or "3," Dilts-Benson warns. The revised fifth-digit descriptors for 250.xx should appear in next year's ICD-9 manual as follows:

3. 0 -- Type II or unspecified type, not stated as uncontrolled
4. 1 -- Type I (juvenile type), not stated as uncontrolled
5. 2 -- Type II or unspecified type, uncontrolled
6. 3 -- Type I (juvenile type), uncontrolled.

Important: You have no time to waste in preparing your agency for the new, revised and deleted ICD-9 codes this year. The Health Insurance Portability and Accountability Act (HIPAA) requires CMS to scrap the 90-day grace period that used to be in place for changes to both HCPCS and ICD-9 diagnosis codes, according to two transmittals (Nos. 89 and 95). The grace period aimed to allow providers "to ascertain the new codes and learn about the discontinued codes," CMS says.

HIPAA's "transaction and code set rule requires usage of the medical code set that is valid at the time that the service is provided," the agency says. "Therefore, CMS is eliminating the 90-day grace period for billing discontinued ICD-9-CM diagnosis codes" effective Oct. 1, 2004, and HCPCS codes effective Jan. 1, 2005, CMS tells providers in the Feb. 6 transmittals.